STRATEGIC PLAN FOR PREVENTION 2017-2020

DEPARTMENT OF MENTAL HEALTH * DIVISION OF BEHAVIORAL HEALTH

The Missouri Division of Behavioral Health manages programs and services for people who need help for a mental illness or alcohol or drug problem. Services available are prevention, education, evaluation, intervention, treatment, and rehabilitation.
The Division of Alcohol and Drug Abuse (ADA) was created in 1975 and established in statute in 1980 (RSMo 631.010) as part of the Department of Mental Health. In spring 2013, the Divisions of Comprehensive Psychiatric Services and Alcohol and Drug Abuse merged into one division, the Division of Behavioral Health (DBH).

DBH Prevention Priorities

The Division's prevention program covers all segments of the population at potential risk for drug and alcohol use. However, the primary focus is on children who have not yet begun use. Research finds that brain changes caused by drinking before age 15 could predispose adolescents to a lifetime of alcohol dependency. Children are drinking earlier and at more dangerous levels than they did many years ago.

Prevention Goals

Create positive community norms, policy change, reduced alcohol, tobacco and other drug availability, and increased enforcement at the state and community level through the implementation of effective, evidence-based prevention programs and environmental strategies to prevent and reduce substance use and its consequences for youth, adults and families in Missouri.

Prevention Objectives

- By FY 2020, consequences of substance use in Missouri will be reduced as a result of prevention programs implementing effective and evidenced-based programs and strategies and the Strategic Prevention Framework.
    - Reduce alcohol, tobacco and drug use among youth.
    - Reduce alcohol and drug use among pregnant women.
    - Reduce alcohol and drug use among general population.
    - Reduce unnecessary accidents and emergency room visits.

Prevention Outcomes

- Reduced accidents and emergency room visits and hospitalization as a result of alcohol consumption by youth and adults.
- Reduced accidents and emergency room visits and hospitalization related to marijuana and other drugs by Missouri's youth and adults.
- Increased drug free births

Programs and Numbers Served

Contracted Prevention Providers	Number of Programs	Numbers Served
Prevention Resource Centers	11	161,591
Direct Programs/Services	7	6,399
School-Based Programs	6	8,175
College-Based Program/Services	1	160,400
Deaf & Hearing Impaired Services	1	4,021
Partnerships for Success	6	225,680

DBH Prevention Targets

Binge Drinking: By FY 2020, reduce binge drinking among Missouri's youth and young adults from FY 2016 baselines.

- The percentage of Missourians age 12 to 20 who engaged in binge alcohol use in the past month was higher than that for the United States (14.6 percent vs. 14 percent) (NSDUH, 2013-2014).
- Students who binge drink are at increased risk of being assaulted (including sexually) or injured, or experiencing academic and legal problems (U.S. Department of Health and Human Services, 2007).

Substance Use Onset: By FY 2020, delay onset of first use of alcohol and marijuana among youth from FY 2016 baselines.

- Among Missouri students who have ever used alcohol, the average age of first use is 13.43. The average age of first use of marijuana is 14.11 (Missouri Student Survey 2016).

Current Use of Alcohol and Marijuana: By FY 2020, reduce use of alcohol and marijuana among youth in past 30 days from FY 2016 baselines.

- Research indicates that individuals who start drinking early in life are at increased risk to develop alcohol addiction and to incur alcohol-related injuries later in life (Hingson et al, 2000; Hingson et al, 2006).
- Marijuana smoke contains more carcinogens than tobacco smoke (NIDA, 2009).
- Missouri's youth ages 12 to 17 are drinking and using marijuana at rates similar to that of the nation as a whole (NSDUH, 2014-2015).
- In a given year, about 12,000 Missourians receive treatment for alcohol use disorders through the Missouri Division of Behavioral Health. Another 7,600 receive treatment for marijuana (Smith et al, 2016).
- In 2014, approximately 57,000 hospital and emergency room admissions across the state were alcohol-related (Smith et al, 2016).

Risk Awareness: By FY 2020, increase the number of youth who perceive risk/harm of alcohol, cigarettes, marijuana and other drug use from FY 2016 baselines.

- Majority of Missouri youth believe they risk harm if they engage in binge drinking (78.5 percent), smoking a pack of cigarettes per day (85.1 percent), or smoking marijuana (63.5 percent) (Missouri Student Survey, 2016).
- [National data to be requested from SAMHSA Office of Applied Studies.]

Prescription Misuse: By FY 2020, reduce prescription drug misuse among young and older adults from FY 2016 baselines.

- About 4 percent of Missouri's youth and 9 percent of its young adults have misused prescription drugs in the past year (NSDUH, 2013-2014).
- National data suggests that roughly 3 percent of older adults are unintentionally misusing prescription drugs (SAMHSA, 2007; NIDA, 2001). [Missouri data to be requested from the SAMHSA Office of Applied Studies.]
- In a given year, nearly 1,200 Missourians are admitted to substance use disorder treatment for a prescription drug problem (Smith et al, 2016).

Youth Use of Tobacco: By FY 2020, reduce smoking and other tobacco use among Missouri's youth from FY 2016 baselines.

- Missouri's youth ages 12 to 17 are smoking at a higher rate than compared to that of the nation (6.95 percent in the past month vs. 4.53 percent) (NSDUH, 2014-2015).
- An estimated 10,121 Missourians die each year from smoking (Smith et al, 2016).
- Smoking has been implicated in a number of diseases including various cancers, respiratory diseases, fertility and pregnancy complications, cataracts, hip fractures, low bone density, and peptic ulcer disease (U.S. Department of Health and Human Services, 2004).

Substance Use among Pregnant Women: By FY 2020, reduce substance use among pregnant women.

- National data suggests that about 5 percent of pregnant women use illicit drugs, about 10 percent use alcohol, and 16 percent use tobacco (SAMHSA, 2008).
- [Missouri data to be requested from the SAMHSA Office of Applied Studies.]

Youth Access to Tobacco: Continue to meet the requirements of the Synar Amendment for reducing the sale and distribution of tobacco products to individuals under the age of 18.

- The federal Synar regulation requires all states to reduce the number of successful illegal purchases by minors to no more than 20 percent of attempts in each state per year.
- Missouri has reduced the percentage of its retailers failing tobacco checks from 40 percent in 1996 to 7.7 percent in 2016 – as measured by the state's annual Synar survey.

References:

Hingson, R.W., Heeren, T., Jamanka, A., and Howland, J. (2000). "Age of Drinking Onset and Unintentional Injury Involvement After Drinking." *JAMA* 2000 Sep 27;284(12):1527-33.

Hingson, R.W., Heeren, T., and Winter, MR. (2006). "Age at Drinking Onset and Alcohol Dependence: Age at Onset, Duration, and Severity." *Arch Pediatr Adolesc Med*. 2006 Jul; 160(7): 739-46.

Missouri Department of Mental Health (2009). Fiscal Year 2010 Substance Abuse Prevention and Treatment Block Grant Application, September 30, 2009. (http://www.dmh.missouri.gov/ada/blockgrant.htm).

Missouri Department of Mental Health (2010). *Hope – Opportunity Community – Inclusion*. Fiscal Year 2009 (to be published).

National Institute on Drug Abuse (2001). *NIDA Scientific Panel Reports on Prescription Misuse and Abuse*. NIDA Notes Vol. 16, Num. 3 (August, 2001). Retrieved on February 24, 2010 from http://www.drugabuse.gov/NIDA_Notes/NNVol16N3/Scientific.html.

National Institute on Drug Abuse (2009). *NIDA InfoFacts: Marijuana*. Retrieved February 22, 2010 from (http://www.nida.nih.gov/Infofacts/marijuana.html).

National Seizure System (2016). *2016 Nationwide Methamphetamine Laboratory Incidents as of February 23, 2017*. El Paso Intelligence Center.

SAMHSA (2017), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014 and 2015. (https://www.samhsa.gov/data/population-data-nsduh/reports?tab=38).

Smith, R.C., Lundy & Rothermich, R.M. (2016). *Status Report on Missouri's Alcohol and Drug Abuse Problems, Twenty-second Edition.* Missouri Department of Mental Health: Division of Alcohol and Drug Abuse, Jefferson City, MO.

U.S. Department of Health and Human Services (2004). The Health Consequences of Smoking: A Report of the Surgeon General. (http://www.cdc.gov/tobacco/data_statistics/sgr/2004/complete_report/index.htm)

U.S. Department of Health and Human Services (2007). The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. (http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf

Missouri Prevention NOMs

Prevention NOMs	Ages 12-17			Ages 18+		
	2013	2014	2013-14 Variance	2013	2014	2013-14 Variance
30-day Use						
Alcohol	12.8%	11%	1.8%	56.4%	55.6%	0.80%
Cigarettes	8.9%	8.1%	0.80%	30.8%	30.9%	-0.10%
Other Tobacco Products	6.5%	5.5%	1.00%	10.1%	10.1%	0.00%
Marijuana	7.5%	5.1%	2.40%	6.8%	8.1%	-1.30%
Illegal Drugs Other than Marijuana	4.1%	2.4%	1.70%	2.4%	2.6%	-0.20%
Perception of Risk						
Alcohol	74.7%	75.3%	-0.60%	72.8%	71.5%	1.30%
Cigarettes	90.4%	91.2%	-0.80%	91.6%	91.2%	0.40%
Marijuana	72.4%	70.9%	1.50%	62.7%	55.6%	7.10%
Age of First Use						
Alcohol	13.6	14.1	-0.5	17.0	17.0	0
Cigarettes	13.2	13.4	-0.2	15.9	15.8	0.1
Other Tobacco Products	14.1	14.0	0.1	19.3	19.2	0.1
Marijuana	14.1	14.1	0	18.0	18.0	0
Illegal Drugs Other than Marijuana	12.9	12.8	0.1	20.0	20.4	-0.4
Disapproval of Youth Use						
Cigarettes	89.8%	91.0%	-1.20%			
Experimental Use of Marijuana	79.5%	79.2%	0.30%			
Regular Use of Marijuana	79.5%	80.2%	-0.70%			
Alcohol	87.5%	87.7%	-0.20%			
Perception of Workplace Policy						
Random Alcohol/Drug Test in the Workplace				39.6%	34.5%	5.10%
Past Year Family Communications Around Drug and Alcohol Use						
Parent-child discussion about dangers of substance use	55.8%	57.6%	-1.80%	n/a	n/a	n/a
Exposure to Prevention Message						
Exposure to Prevention Message	88.1%	85.6%	-2.5%			

Data pre-populated in FFY 2016 - 2017 SAPT BG.

Prevention Strategies and Activities

The Division of Behavioral Health contracts with various prevention agencies across the state to plan and implement prevention strategies and programs. The state's investment in the infrastructure of the Statewide Training and Resource Center and Prevention Resource Center (PRC) network, and Partners in Prevention program on state college campuses, positions Missouri to achieve population-level changes in substance use patterns locally and across the state. The Prevention Resource Centers' scope of work incorporates the Strategic Prevention Framework as well as many other specific elements to promote positive prevention outcomes.

These funded programs are required to:

- Develop, implement and evaluate a comprehensive strategic plan with identified target outcomes based on community needs.
- Utilize data to identify prevention needs, gaps, and resources.
- Implement evidence-based programs and strategies that address identified gaps and needs. Implement strategies with fidelity.
- Implement the Strategic Prevention Framework.
- Evaluate services and progress toward outcomes.
- Have formal agreements with multiple community-level partners to collaborate in community planning and implementation.
- Select and implement prevention practices that are culturally appropriate.
- Select a comprehensive package of evidence-based strategies that are likely to have a positive impact on the community. The selected strategies should address one or more of the Center for Substance Abuse Prevention's six core strategies.
- Address sustainability.
- Report NOMs data and other information to DBH in a timely manner.
- Participate in public policy and advocacy support and training.
- Promote a unified prevention message across the state and collaborate on media campaigns.
- Implement tobacco merchant education to retailers (PRCs).
- Be a DBH certified program, which means each funded program must be in compliance with the Core Rules for Psychiatric and Substance Abuse Programs, General Program Procedures, and the Certification Standards for Alcohol and Drug Abuse programs.

Funded program staff are required to:

- Meet DBH Certification Standards for Personnel.
- Acquire and maintain the Missouri Prevention Specialist (MPS) credential.
- Participate in Substance Abuse Prevention Specialist Training (SAPST).

- Use data to identify local needs and develop strategic plans.
- Assess effectiveness of prevention strategies.
- Conduct evaluation and monitor progress toward goals.
- Plan for workforce development.

Other Strategies and Activities

- **Show Me Zero Suicide Initiative Grant**

  Aims to reduce youth suicide through an integrated systems-level approach, which includes establishing a continuity of care model for youth at risk of suicide and promoting the adoption of suicide prevention as a core priority of youth-serving institutions, such as hospitals and schools. Through collaboration with these organizations, this initiative is effectively identifying youth ages 10-24 who are at risk for suicide and providing them immediate linkage to intensive services and follow-up care.

  Services are being focused on a five-county region in western Missouri, centered on Jackson County, which includes Kansas City, as well as surrounding counties with more rural areas.
  The overall aim of the *Show Me Zero Youth Suicide Initiative* is to reduce suicides and suicide attempts by accomplishing three major goals:
  1) Improve the system of care of suicidal youth who use hospital emergency departments, in-patient psychiatric facilities, and/or crisis hotlines.
  2) Improve the capacity of school systems to identify, respond, and refer youth at risk of suicide.
  3) Strengthen overall prevention efforts for at-risk youth populations in other settings.

- **Signs of Suicide (SOS) Training**

  DMH contracted Prevention Resource Center (PRC) staff have been trained as SOS Trainers. The PRC's provide this training to school staff across the state.

- **Zero Suicide Initiative**

  The Coalition for Community Behavioral Healthcare, in collaboration with DMH and the national Suicide Prevention Resource Center, has hosted a Show Me Zero Suicide Learning Collaborative for Community Mental Health Centers the last two years with another one planned next year. DMH facilities are also being educated on the Zero Suicide framework.

- **Partnerships for Success Grant**

  In 2015, DMH was awarded a five-year Partnerships for Success grant to target substance use among youth ages 12 to 18 in southeast Missouri. A resiliency approach is being used to reduce risk factors and promote protective factors common to alcohol, tobacco, and other drug use, including prescription drug misuse. Missouri's program is designed to 1) enhance protective factors and reverse or reduce risk factors, 2) address all forms of substance use, 3) increase academic and social competence, and 4) present consistent, community-wide messaging. Interventions target the individual, family, and community ecological levels to support positive youth development and are based upon the Strategic Prevention Framework.

- **Missouri Heroin Overdose Prevention and Education (MO HOPE) Project**

  In 2016, DMH was awarded a 5-year federal grant to directly address the opioid crisis through overdose education and naloxone distribution. Priority area is the Eastern Region.

- **Opioid State Targeted Response to the Opioid Crisis (STR) Grant**

  In May 2017, DMH was awarded a 2-year federal grant to improve access to evidence-based practices in prevention, treatment and recovery specific to opioid misuse. The amount of award is $10 million for each year.

  Prevention initiatives include:

  - Overdose education and naloxone will be provided to pharmacies, jails and recovery settings.
  - Clinical trainings will be provided to pharmacies to increase naloxone access for individuals without an outside prescription.
  - ECHO expert panelists will educate providers about the treatment of chronic pain.
  - Generation Rx program will be implemented in schools in St. Louis and Springfield to educate on medication safety, etc.

- **Mental Health First Aid (MHFA)**

  DMH contracted Prevention Resource Center (PRC) staff have been trained as Adult and Youth MHFA Trainers. The PRC's provide this training across the state.

Implementation Plan

All DBH contracts for prevention services are in place for one year, from July 1st until June 30th the following year. Contracts are monitored on a monthly basis by state-level prevention staff. Contracts are renewed annually based on availability of funding, fulfillment of contract terms, and effectiveness of services. Contracts are re-bid as necessary.

Prevention Resource Centers are required to submit a Strategic Work Plan to DBH annually for approval. Once approved, these plans are monitored by DBH staff to ensure progress toward identified goals.

The Statewide Training and Resource Center provides training and technical assistance to contracted prevention providers. They assess the training needs across the state and provide the necessary assistance to help prevention programs be successful.

The Statewide Epidemiology Workgroup will assist the state in making the link between the data they generate and the prevention objectives outlined, as well as providing local programs with data that drives the selection of their program strategies that will also address the statewide targets.

Prevention Infrastructure Goals

- DBH will ensure that prevention services are part of a recovery-oriented system of care.
- DBH will ensure that treatment and prevention services are linked with broader healthcare and social service systems.
- DBH will continue working with the prevention network and coalitions to broaden their scope of work to include preventing mental, emotional, and behavioral disorders, as many of the risk and protective factors overlap, and continue linking them with potential opportunities.

DBH will continue to require contracted prevention providers to submit demographic data to DBH monthly. The data collected is used to complete the Prevention sections of the Substance Abuse and Mental Health Services Administration Substance Abuse Prevention and Treatment Block Grant application, special requests from National Association of State Alcohol and Drug Abuse Directors, Data Consolidated Coordinating Center, and Center for Substance Abuse Prevention, and for state-level reporting.

Workforce Development

- Continue to develop Missouri's prevention workforce.
- Make available prevention workforce opportunities and a training system within the Missouri Statewide Training and Resource Center.

Missouri has made significant steps in preparing the substance use prevention workforce by establishing a credentialing process. The Division of Behavioral Health and the Missouri Credentialing Board (MCB) worked together to establish a three-tiered credentialing process to reach the entire spectrum of prevention professionals. All three levels of credentialing are marked by training, experience and education. Missouri has over 150 prevention professionals with a credential. The Division of Behavioral Health requires that all funded prevention programs obtain at least the first credential level. ACT Missouri and the MCB coordinate trainings across the state to assist individuals in acquiring the skills and experience needed to move across credentialing levels. More information about the three credential levels can be found at www.missouricb.com.

Prevention workforce characteristics have significant implications for prevention programming. The strategic prevention framework is a rigorous model that requires an understanding of prevention science and the ability to perform numerous capacity building, program management, and evaluation activities. In looking toward the future, DBH realizes it is important to cultivate and support a workforce that can meet the demands of changing prevention system environments.

Evaluation Plan

The move to science-based prevention called for sound approaches to needs assessment, resource allocation, program monitoring and improvement, and documentation of prevention outcomes. Evaluation activities are integral to program management and to the Strategic Prevention Framework. Evaluation efforts should provide support for the planning, implementation and improvement of prevention efforts in Missouri. At the beginning of the programming process, needs must be assessed and programs and strategies must be identified to address needs. Once programs have been implemented, evaluation efforts can serve to assess the degree to which prevention efforts have been successfully implemented.

State Level:

- Assure Data is available to communities by monitoring state and local drug trends:
  - Missouri Student Survey and Report
  - ADA Status Report

- Missouri Data Querying Site

- DBH contracted prevention providers will submit demographic data to DBH.
- DBH monitors local prevention providers for quality of service delivery and fidelity.
- DBH and ACT Missouri train providers on evaluation skills and techniques.
- ACT Missouri will continue to produce a year end coalition and Prevention Resource Center outcome/success report.

Local Level:

- Prevention Resource Centers (PRCs) annually conduct community needs assessment to assist in developing their strategic work plans. PRCs evaluate their programs for effectiveness. (*See PRC contract.)*

The Division of Behavioral Health will provide data analysis in support of a Prevention Needs Assessment. DBH will continue to annually publish the *Status Report on Missouri's Alcohol and Drug Misuse Problems*. This report is updated annually and issued online by DMH. The purpose of this document is to support research, education, policy-making, planning, and evaluation activities. As a reference tool, the report provides consistent sets of year-to-year data on alcohol and drug usage rates and reported events that result from substance abuse. In addition, DBH has developed an online reporting website for the Missouri Student Survey, a biannual consumption and risk and protective factor survey of students ages 12-17. This will allow all communities in Missouri to locate and run basic analyses on the data, drilling down to the local level.

The State Epidemiology Workgroup (SEW) will assess data trends and geographical variations to develop an assessment of prevention need in the state and prepare an annual summary report prioritizing areas of need. The work by the SEW will help coalitions conduct needs assessments, planning, and subsequent evaluations. The SEW will continue to monitor drug trends across the state. The SEW will assist the state in making the link between the data that they generate and the prevention objectives outlined, as well as providing local programs data that drive selection of local program strategies that will also address the statewide targets.

The Division of Behavioral Health has a longstanding partnership with the Missouri Institute of Mental Health who is dedicated to providing research, evaluation, policy and training expertise to the Department and other organizations.

Synar

DBH will continue to ensure that Missouri stays in compliance with the Synar Amendment and will maintain a retailer violation rate lower than 20%. Contracted PRCs will continue to provide merchant education to tobacco retailers across the state. DBH will continue to collaborate with the Division of Alcohol and Tobacco Control (ATC) on enforcement and training efforts.

% of MO Retailers Failing Tobacco Checks		Meet Synar?
2016	7.7%	yes
2015	11.3%	yes
2014	7.2%	yes
2013	7.4%	yes
2012	10.4%	yes
2011	10.2%	yes
2010	10.6%	yes
Baseline 1996	40.30%	N/A

Calendar year is provided.

Sustainability

DBH ensures that activities are sustainable by training funded programs and coalitions in approaches that promote sustainability at every step of the Strategic Prevention Framework. Funded programs will be expected to build sustainability into their data collection process, plan and approach by building community readiness; seeking buy-in from community leaders; using evidence-based approaches that are monitored and evaluated; leveraging funds whenever possible; and collaborating with local prevention partners. Centralizing prevention data is also an essential component of sustainment. A good beginning was made with the SEW and the Strategic Prevention Framework State Incentive Grant. The DBH Status Report, DHSS's MICA system and the Missouri Student Survey are ongoing data resources for agencies and communities. Also, DBH has developed a data querying site that is available to the public.

DBH will continue to develop Missouri's prevention workforce. DBH, through a contract with the Statewide Training and Resource Center (STRC), will continue to offer workforce development opportunities. The STRC will also collaborate with our Missouri Credentialing Board.

DBH will continue to partner with other state agencies/groups providing prevention services across the state to leverage funds and opportunities whenever possible. These agencies include but are not limited to: the Department of Health and Senior Services, Department of Elementary and Secondary Education, Division of Highway Safety, and Department of Public Safety.

DBH will continue working with the prevention network and coalitions to broaden their scope of work to include preventing mental, emotional, and behavioral disorders, as many of the risk and protective factors overlap, and continue linking them with potential opportunities.

Cultural Competence

Through current projects DBH continues to develop the understanding needed to guide the identification and implementation of culturally, competent, evidence-based programs and strategies following the assessment of risk and protective factors, readiness, assets and resources, and priorities. Staff and funded program staff should be familiar with local communities' cultures and languages, and also have additional cultural skills and knowledge that lend them to working with any new emerging cultural situations which may present them. Training is provided to staff and funded program staff as needed.

The State Advisory Councils for the Division of Behavioral Health will continue to contribute to the process of identifying culturally responsive, evidence-based programs and strategies. Also, DBH and MIMH has extensive experience implementing and evaluating culturally appropriate/competent prevention interventions. DBH will conduct annual assessments of the prevention system to ensure that programs, policies, and services are offered in ways that are meaningful to recipients consistent with their cultural world views. DBH will continue to devise strategies that enhance and guarantee cultural competence throughout the system.

Enclosures

Prevention Budget
PRC Contract
ACT MO Contract

Prevention Budget

FY 2017 Prevention Costs (Approp) Updated						
Description	*Fund*	*FTE*	*Personal Services Budget*	*Expense & Equipment/PSD Budget*	*Total Cost*	*% of Total Prev Cost*
Direct Staff Prevention	GR	0.06	$ 26,788	$ -	$ 26,788	
Direct Staff Prevention	FED	9.03	$ 482,256	$ 428,170	$ 910,426	
Total Direct Prevention Staff		9.09	$ 509,044	$ 428,170	$ 937,214	
Administration *	GR	1.06	$ 61,613	$ 1,480	$ 63,093	
Administration *	FED	1.47	$ 63,404	$ 12,511	$ 75,914	
Administration *	HIF	0.07	$ 3,418	$ -	$ 3,418	
Total Direct and Administrative Prevention Costs		11.68	$ 637,479	$ 442,161	$ 1,079,640	10.3%
Prevention Services					$ 9,370,128	89.7%
Total Prevention Cost					$ 10,449,768	

*These figures are prorated based on total direct dollars and services for prevention.

FY 2018 Prevention Costs Requested						
Description	*Fund*	*FTE*	*Personal Services Budget*	*Expense & Equipment/PSD Budget*	*Total Cost*	*% of Total Prev Cost*
Direct Staff Prevention	GR	0.06	$ 26,788	$ -	$ 26,788	
Direct Staff Prevention	FED	9.03	$ 502,491	$ 407,935	$ 910,426	
Total Direct Prevention Staff		9.09	$ 529,279	$ 407,935	$ 937,214	
Administration *	GR	1.14	$ 66,532	$ 1,598	$ 68,130	
Administration *	FED	1.58	$ 68,465	$ 13,509	$ 81,974	
Administration *	HIF	0.08	$ 3,691	$ -	$ 3,691	
Total Direct and Administrative Prevention Costs		11.89	$ 667,967	$ 423,042	$ 1,091,009	9.5%
Prevention Services					$ 10,370,128	90.5%
Total Prevention Cost					$ 11,461,137	

*These figures are prorated based on total direct dollars and services for prevention.